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APPLICANTS

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** CONTINUING DATA *****

if B none

** FOREIGN APPLICATIONS *****

if B none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 10/28/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 11	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Patricia [Signature]</i> Examiner's Signature Initials				

ADDRESS

5409

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TITLE

Peristaltic precision metering device, system and method of use thereof

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)